REBUBLIC OF CAMEROON Peace-Work-Fatherland

MINISTRY OF HIGHER EDUCATION ******

CHRISTIAN LEADESHIP ACADEMY YAOUNDE



REBUBLIQUE DU CAMEROON Paix-Travail-Patrie *******

MINISTERE D'ENSEIGNEMENT SUPERIEURE

CHRISTIAN LEADESHIP ACADEMY YAOUNDE

Breaking Limits, Building Legacies

CLAY'S ADMISSION APPLICATION FORM

(2025-2026 Academic Year)

INSTRUCTIONS

Complete this form and submit it along with the required documents.

Attach proof of payment for the registration fee

Submit the form on campus (at the admissions office) or via email: christianleadershipacademy1@gmail.com

1. PROGRAM SELECTION (Please	tick the	appropriate	program)
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	Name of the Program and Specialty you want to offer at CLAY University.						
	HND Bachelor's	degree	Master's Degree	PHD			
2. PE	RSONAL INFORMATION						
	Full Name:						
	Date of Birth (DD/MM/YYYY) : _						
	Gender:						
	Nationality:						
	Marital Status:						
	Home Address:						
	Phone Number:						

Full Name: Nationality: Relationship: Home Address: ____ Phone Number: ____ 3. EDUCATIONAL BACKGROUND Institution Name Certificate/Degree Obtained_____ Year of Graduation ____ Highest Qualification Obtained: GCE A-LEVEL BACHELOR'S DEGREE MASTERS Others (Please name them) 4. WHO REFERRED YOU TO CLAY? Through Social Media_____ Through Campaign _____ School ____ Church Meeting House ____ Street Other

b. Parents(s) or Gaudian

5. REQUIRED DOCUMENTS	
Completed Application Form	
Certified Copy of Last Certificate Obtained and transcripts	
Certified copy of Birth Certificate	
Photocopy of National ID / Passport	
4 Colored Passport-Sized Photographs	
Curriculum Vitae (CV) (For Master's & MBA applicants)	
Motivation Letter (For Master's & MBA applicants)	
Two Recommendation Letters (For Master's & MBA applicants)	
Proof of Payment of Registration Fee	
6. STUDY MODE PREFERENCE	
6. STODT MODE PREPEREINCE	
On-Campus (Morning: 8 AM - 4:30 PM) Online/Distance Learning	ng
7. APPLICANT'S DECLARATION	
I hereby declare that the information provided above is true and accurate to the b knowledge. I understand that any false statement may lead to disqualification.	est of my
Applicant's Signature:	
Date:	